

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.																																							
REPORT TAKEN		<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO. OF VEH. PEDESTRIANS INVOLVED		1		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																																	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: DAY		10/22/14		WED		TIME: MILITARY		2235																													
CRASH OCCURRED ON				119 Hunter St.				WITHIN THE INTERSECTION OF																																									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE				8321																																	
LOG-1		LOG-2		LOC		JUR		FH'S		FILT																																							
A		UNIT NO.		01		NO OF OCCUPANTS		03		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		Unknown																					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				Eubanks, Brian E.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				47 Quail Race Ct. Amelia, OH 45102																																					
PHONE NO.		513-725-7321		BIRTH DATE		01/07/93		AGE		21		SEX		M		SOCIAL SECURITY NO.				STATE		OH		DRIVER'S LICENSE NO.		TV296177		OCCUPATION																					
OWNER (IF SAME AS DRIVER, WRITE SAME)				Same				ADDRESS								PHONE																																	
VEH YR		2002		MAKE		Hyundai		MODEL		Accent		COLOR		Silver		STYLE		HB		STATE		OH		LICENSE PLATE NO.		GJK1129		TOWING SERVICE		Case Towing		VEH/PED DIR																	
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL		<input type="checkbox"/> FUNCTIONAL		<input checked="" type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE		<input type="checkbox"/> MODERATE		<input type="checkbox"/> LIGHT		<input checked="" type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY		<input checked="" type="checkbox"/> REMAINED AT SCENE		<input checked="" type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE		<input type="checkbox"/> FIRE DUE TO CRASH		<input type="checkbox"/> OTHER FIRE					
8		UNIT NO.				NO OF OCCUPANTS				OPERATING		<input type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO. OR AGENT																							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																																									
PHONE NO.				BIRTH DATE				AGE				SEX				SOCIAL SECURITY NO.				STATE				DRIVER'S LICENSE NO.				OCCUPATION																					
OWNER (IF SAME AS DRIVER, WRITE SAME)								ADDRESS								PHONE																																	
VEH YR				MAKE				MODEL				COLOR				STYLE				STATE				LICENSE PLATE NO.				TOWING SERVICE				VEH/PED DIR																	
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL		<input type="checkbox"/> FUNCTIONAL		<input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE		<input type="checkbox"/> MODERATE		<input type="checkbox"/> LIGHT		<input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY		<input type="checkbox"/> REMAINED AT SCENE		<input type="checkbox"/> TOWED		FIRE		<input type="checkbox"/> NO FIRE		<input type="checkbox"/> FIRE DUE TO CRASH		<input type="checkbox"/> OTHER FIRE					
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		Hutter, Derek		BIRTH DATE		11/01/84		AGE		17		SEX		M		POSITION		A		B		C		D		E		F		INJURIES		A		B		C		D		E		F			
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		Eubanks, Scarlett		BIRTH DATE		04/23/91		AGE		3		SEX		F		POSITION		1		3		6										1 FATAL		2 SERIOUS VISIBLE		3 MINOR VISIBLE		4 NO VISIBLE INJURY		5 NOT INJURED					
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				POSITION																CONDITION		A		B		C		D		E		F	
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE				AGE				SEX				POSITION																1 APPARENTLY NORMAL		2 SICK		3 FATIGUED		4 APPARENTLY ASLEEP		5 PHYSICAL DEFECT		6 OTHER CONDITION		7 UNKNOWN	
A		B		C		INJURED TAKEN TO		By				A		B		C		D		E		F		ALCOHOL		A		B		C		D		E		F													
D		E		F		INJURED TAKEN TO		By				1 NOT USED		2 NONE AVAILABLE		3 LAP BELT USED		4 LAP/SHOULDER BELT USED		5 SHOULDER BELT USED		6 CHILD SAFETY SEAT		7 AIR BAG USED		8 USE NOT REPORTED		1 NO ALCOHOL DETECTED		2 HBD ABILITY IMPAIRED		3 HBD ABILITY NOT IMPAIRED		4 HBD ABILITY UNKNOWN															
A		B		C		OFFENSE CHARGED AND DESCRIPTION		33138 Failure to Control				A		B		C		D		E		F		EJECTION		A		B		C		D		E		F													
O		B		C		OFFENSE CHARGED AND DESCRIPTION						A		B		C		D		E		F		EJECTION		A		B		C		D		E		F													
RECEIVED CALL		2238		DISPATCHED		2238		ARRIVED		2238		CLEARED		2321		OTHER TIME		30		TOTAL MINUTES		00:00:33		1 NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG													
DATE REPORT FILED		M		D		Y		PHOTOS		YES		OFFICER'S NAME		Jenkins		BADGE NO.		112		CHECKED BY				1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG																					